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PETITION FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional) 019281-000900US				
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 200	·				
Application Number 09/687,149	Filed October 12,	2000			
For PROGRAMMING DISTRIBUTION SYSTEM					
Art Unit 2711	Examiner Brown, Rueben M.				
This is a request under the provisions of 37 CFR 1.136(a application.	a) to extend the peri	iod for filing a reply in	the above identified		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
,	<u>Fee</u>	Small Entity Fee	<u>'</u>		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$		
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>		
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 44,037 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34					
Patrick M. Boucher, Reg. No. 44,03	February 9, 2006 Date 303-571-4000 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire one signature is required, see below. Total of forms are sub-		ntative(s) are required. Sub	mit multiple forms if more than		